| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2021 |
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| NAME OF PROVIDER OR SUPPLIER Aperion Care Summerfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 34 South Main Street Cloverdale, IN 46120 | |
| For information on the nursing home's | plan to correct this deficiency, please cont | tact the nursing home or the state survey | agency. |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | on) |
| F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | prior to initiating or instead of continemedications are only used when the 34525 Based on record review and interviemedications (any medication that a residents reviewed for unnecessary) Findings include: Resident 11's record was review included, but were not limited to, H brain cells and causing chorea [jerf face] and progressive dementia), p (refers to symptoms such as delusi inappropriate motor behavior), and strong enough to interfere with one mood or loss of interest in activities disorder (a common, chronic, and I thoughts and/or behaviors that he of An annual Minimum Data Set (MDS deficit, exhibited verbal behavioral directed towards others, and had b antipsychotics (a class of psychotror schizophrenia but also in a range of assist in the management of anxiet disorder and some anxiety disorder | / 10/1/21, indicated the resident receive ton's disease and depression. Interver | RN orders for psychotropic se is limited. al side effects of psychotropic rception) were monitored for 4 of 5 d 21). indicated the resident's diagnoses use marked by degeneration of the pecially the shoulders, hips, and o a known physiological condition ing and speech, and bizarre and of worry, anxiety, or fear that are erized by persistently depressed by life), and obsessive-compulsive has uncontrollable, reoccurring d over). If the resident had severe cognitive d other behavioral symptoms not included, but were not limited to age psychosis, principally in cy medication (medications used to ied to treat major depressive ed antidepressant medication |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Facility ID: 155587

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | 155587 | A. Building B. Wing | 12/10/2021 | |
| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZI | P CODE | |
| Aperion Care Summerfield | | 34 South Main Street Cloverdale, IN 46120 | | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey | agency. | |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f | | CIENCIES full regulatory or LSC identifying informati | on) | |
| F 0758 Level of Harm - Minimal harm or | A care plan, dated 10/16/17 and revised on 10/1/21, indicated the resident received antipsychotic medications related to her diagnoses of Huntington's disease and psychosis. Interventions included, but were not limited to, monitor for signs and symptoms of adverse effects from psychotropic medication usage | | | |
| potential for actual harm Residents Affected - Some | A care plan, dated 10/16/17 and revised on 10/1/21, indicated the resident received antianxiety m related to her diagnoses of Huntington's disease and psychosis. Interventions included, but were to, monitor for signs and symptoms of adverse effects from psychotropic medication usage. | | | |
| | A current physician's order, dated 4/30/19, indicated fluoxetine hydrochloride (an antidepressant medication) give 60 milligrams (mg) by mouth, one time a day for depression. | | | |
| | A current physician's order, dated 9/10/20, indicated Haloperidol (Haldol) tablet (an antipsychotic medication 5 mg, give 1 tablet by mouth, three times a day for psychosis. | | | |
| | A current physician's order dated 1/21/21, indicated monitor for adverse reactions for medications Haldol, Prozac, and diazepam, every day and evening shift. If noted notify physician. | | | |
| | A current physician's order, dated 9/14/21, indicated diazepam tablet (an antianxiety medication) 10 mg, give 1 tablet by mouth, three times a day for anxiety. | | | |
| | The July 2021 MAR indicated a physician's order for diazepam differed from the cu order for July 2021 was diazepam 10 mg, give one-half tablet, by mouth, in the after disorder. The orders for the resident's antipsychotic, antidepressant medications and above. | | | |
| | The July 2021, Treatment Administration Record (TAR) lacked documentation that the side effects had been monitored on the day shift on, 7/17/21, 7/22/21, 7/23/21, 7/27/21, 7/28/21, and 7/29/21. | | | |
| | The August 2021 MAR indicated a physician's order for diazepam differed from the current order above. The order for August 2021 was diazepam 10 mg, give one-half tablet, by mouth, in the afternoon for anxiety disorder. The orders for the resident's antipsychotic, antidepressant medications and monitoring remained as above. | | | |
| | The August 2021, TAR lacked documentation that the side effects had been monitored on the day shift on, 8/3/21, 8/7/21, 8/8/21, 8/12/21, 8/13/21, 8/21/21, 8/25/21, 8/27/21, 8/28/21, and 8/29/21. | | | |
| | when the current order was written tablet, by mouth, in the afternoon for 10 mg, give 1 tablet, by mouth, three | ber 2021 MAR indicated the diazepam order differed from the current order above, until 9/14/.21 rent order was written. The order, active until 9/14/21, was diazepam 10 mg, give one-half uth, in the afternoon for anxiety disorder. On 9/14/21, the current order was written for diazepam 1 tablet, by mouth, three times a day for anxiety. The orders for the resident's antipsychotic, nt medications and monitoring remained as above. | | |
| | · · | documentation that the side effects had /21, 9/24/21, 9/25/21, 9/28/21, and on t | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2021 |
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| NAME OF PROVIDER OR SUPPLIER Aperion Care Summerfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 34 South Main Street Cloverdale, IN 46120 | |
| For information on the nursing home's | plan to correct this deficiency, please cont | act the nursing home or the state survey | agency. |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by f | | IENCIES full regulatory or LSC identifying informati | on) |
| F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | The October 2021 TAR lacked doct 10/2/21, 10/3/21, 10/6/21, 10/11/21 evening shift on, 10/14/21 and 10/2 The November 2021 TAR lacked do on, 11/6/21, 11/8/21, 11/11/21, 11/2 the evening shift on 11/30/21. The December 2021 TAR lacked do on, 12/4/21 and 12/5/21. 34129 Resident 6's medical record was limited to, Huntington's disease (a f chorea [jerky involuntary movemen dementia), anxiety disorder (charace interfere with one's daily activities), interest in activities, causing significe A quarterly Minimum Data Set (MD impaired, exhibited inattention behas being said, and had been administe class of psychotropic medication pr a range of other psychotic disorders of anxiety symptoms), and antidepr A care plan, dated 1/24/16, revised related to her diagnoses of Hunting to, monitor and document side effect A care plan, initiated on 1/17/18 and medications related to behavior ma Interventions included, but were no adverse reactions of psychoactive of muscles, shaking), frequent falls, re- ideations, social isolation, blurred v cramps, nausea, vomiting, behavio | umentation that the side effects had be , 10/12/21, 10/18/21, 10/23/21, 10/24/2 (3/21. cocumentation that the side effects had 13/21, 11/14/21, 11/17/21, 11/18/21, 1 cocumentation that the side effects had reviewed on 12/9/21 at 11:01 a.m. Dia hereditary disease marked by degenera ts affecting especially the shoulders, h terized by feelings of worry, anxiety, o and depression (characterized by pers cant impairment in daily life). S) assessment, dated 9/10/21, indicate aviors of difficulty focusing attention or ered medications which included, but w imarily used to manage psychosis, prin s), antianxiety medication (medications | ten monitored on the days shift on, 21, 10/27/21, 10/28/21, and on the been monitored on the day shift 1/24/21, 11/27/21, 11/28/21, and of been monitored on the days shift agnoses included but were not ation of the brain cells and causing ips, and face] and progressive r fear that are strong enough to sistently depressed mood or loss o ed Resident 6 was moderately difficulty keeping track of what was rere not limited to antipsychotics (a neipally in schizophrenia but also in a used to assist in the managemen ed antidepressant medication itions included, but were not limited ident received psychotropic d Huntington's disease process. hedical doctor side effects and yskinesia, EPS (shuffling gait, rigid nouth, depression, suicidal of appetite, weight loss, muscle |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Aperion Care Summerfield | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2021 | |
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| Aperion Care Summerfield | | STREET ADDRESS, CITY, STATE, ZI | P CODE | |
| | Aperion Care Summerfield | | | |
| - -or information on the nursing home's p | plan to correct this deficiency, please cont | tact the nursing home or the state survey a | agency. | |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by fu | | IENCIES full regulatory or LSC identifying informati | on) | |
| F 0758 | A current physician's order, dated 1 milligram (mg), give 1 tablet by mou | 1/23/21, indicated Olanzapine tablet (a uth three times a day for agitation. | an antipsychotic medication) 10 | |
| Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | | 8/6/19, indicated Valproic Acid Capsule e capsules by mouth two times a day fo | | |
| | A current physician's order, dated 8/9/21, indicated Tetrabenazine tablet (movement disorder drug therapy) give 25 mg in the evening for Huntington chorea. | | | |
| | A current physician's order, dated 3/6/20, indicated Sertraline (brand name Zoloft) (an antidepressant medication) tablet 100 mg, give two tablets in the evening for depression. | | | |
| | A current physician's order, dated 7/29/20, indicated diazepam tablet 5 mg, give 1 tablet three times a day for anxiety. | | | |
| | | /12/20, indicated monitor for adverse re nazine, Zoloft, and diazepam, every da | | |
| | The July 2021 treatment administration record (TAR) lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 7/12/21, 7/15/21, 7/22/21, 7/23/21, 7/27/21, 7/28/21, 7/29/21 and the evening shift on 7/31/21. | | | |
| | The August 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 8/3/21, 8/7/21, 8/8/21, 8/12/21, 8/13/21, 8/16/21, 8/21/21, 8/25/21, 8/27/21, 8/28/21, and 8/29/21. | | | |
| | The September 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 9/11/21, 9/12/21, 9/16/21, 9/23/21, 9/24/21, 9/25/21, 9/28/21, and on the evening shift on 9/3/21. | | | |
| | The October 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 10/2/21, 10/3/21, 10/6/21, 10/11/21, 10/12/21, 10/18/21, 10/23/21, 10/24/21, 10/27/21, 10/28/21, and the evening shift on, 10/14/21 10/16/21, and 10/23/21. | | | |
| | Valproic Acid, Tetrabenazine, Zolof | lovember 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, bic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on, 11/6/21, 21, 11/13/21, 11/14/21, 11/17/21, 11/18/21, 11/24/21, 11/27/21, 11/28/21, and the evening shift on /21. | | |
| | The December 2021 TAR lacked documentation the side effects monitoring for medications: Olanzapine, Valproic Acid, Tetrabenazine, Zoloft, and diazepam had been completed for the day shift on 12/4/21 and 12/5/21. | | | |
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| | 155587 | A. Building B. Wing | COMPLETED 12/10/2021 | |
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| NAME OF PROVIDER OR SUPPLIER Aperion Care Summerfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 34 South Main Street | | |
| | | Cloverdale, IN 46120 | | |
| or information on the nursing home's | plan to correct this deficiency, please cont | tact the nursing home or the state survey a | agency. | |
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| ⁼ 0758 Level of Harm - Minimal harm or potential for actual harm | 3. Resident 21's record was reviewed on 12/8/21 at 9:40 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 12/2/21, indicated the resident was cognitively intact and received antipsychotic (primaril used to manage psychosis, principally in schizophrenia but also in a range of other psychotic disorders), antianxiety, and antidepressant medication during the assessment period. | | | |
| Residents Affected - Some | Diagnoses on the resident's profile included, but were not limited to, Huntington's disease (an inl condition in which nerve cells in the brain break down over time), anxiety disorder, major depres recurrent, and unspecified psychosis not due to a substance or known physiological condition. | | | |
| | | ted the resident used psychotropic mec pression. Interventions included, but w | 0 | |
| | A care plan, initiated 7/26/18, indicated the resident used antianxiety medications related to anxiety disorder. Interventions included, but were not limited to, monitor for and document side effects. | | | |
| | A physician's order, dated 8/15/20 and discontinued 6/22/21, indicated buspirone (an antianxiety medication) 2.5 milligrams (mg) by mouth in the afternoon related to anxiety. | | | |
| | A physician's order, dated 6/22/21 and discontinued 8/24/21, indicated buspirone 5 mg by mo daily for anxiety. | | | |
| A physician's order, dated 3/23/21 and discontinued 8/10/21, indicated Depakote (a mood sprinkles capsule 125 mg by mouth twice daily for Huntington's disease. | | | pakote (a mood stabilizer) | |
| | A physician's order, dated 4/27/21, indicated Zoloft (an antidepressant) 50 mg by mouth in the morning for anxiety and depression. | | | |
| | A care plan, initiated 4/27/21, indicated the resident used antidepressant medication related to depression. Interventions included, but were not limited to, monitor for and document side effects. | | | |
| | A treatment administration record (TAR), dated June 2021, indicated the resident received Buspar (buspirone) and Depakote, to monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any were noted. The TAR lacked documentation the resident needed to be monitored for signs and symptoms of adverse reactions to the Zoloft. | | | |
| | and symptoms of adverse reactions lacked documentation the resident the Zoloft. The TAR lacked docume | ated the resident received Buspar (buspirone) and Depakote, to monitor si- tions twice daily, and to notify the physician if any were noted. The TAR dent needed to be monitored for signs and symptoms of adverse reactions cumentation adverse reactions were monitored on day shift on 7/12/21, da day shift 7/22/21, day shift 7/23/21, day shift 7/27/21, day shift 7/28/21, d on 7/31/21. | | |
| | A physician's order, dated 8/10/21, mg by mouth in the evening for Hur | indicated Depakote sprinkles 125 mg t ntington's disease. | by mouth in the morning, and 250 | |
| | (continued on next page) | | | |

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| NAME OF PROVIDER OR SUPPLIER Aperion Care Summerfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 34 South Main Street Cloverdale. IN 46120 | |
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| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIE (Each deficiency must be preceded by ful | | IENCIES full regulatory or LSC identifying informati | on) |
| F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | A physician's order, dated 8/24/21, A TAR, dated August 2021, indicate signs and symptoms of adverse rea- lacked documentation the resident the Zoloft. The TAR lacked docume 8/7/21, day shift 8/8/21, day shift 8/ 8/26/21, day shift 8/8/21, day shift 8/ 8/26/21, day shift 8/27/21, day shift A physician's order, dated 9/7/21 at by mouth twice daily for psychosis. A physician's order, dated 9/14/21 at daily for psychosis. A physician's order, dated 9/21/21, A TAR, dated September 2021, ind signs and symptoms of adverse rea- lacked documentation the resident the Zoloft or Risperdal. The TAR la 9/3/21, day shift 9/7/21, day shift 9/ 9/21/21, day shift 9/7/21, day shift 9/ 9/21/21, day shift 9/22/21, day shift 0 Depakote, to monitor signs and sym- were noted. The TAR lacked docur adverse reactions to the Zoloft and monitored on day shift 10/12/21, day shift 10/11/21, day shift 10/12/21, day shift 10/11/21, day shift 10/221, and day A TAR, dated evening shift of 10/22 Zoloft, and Depakote, to monitor sign physician if any were noted. The TAR and symptoms of adverse reactions | indicated buspirone 10 mg by mouth the determination adverse reactions were monitored for signs and the resident received Buspar (buspiractions twice daily, and to notify the pheneeded to be monitored for signs and the tration adverse reactions were monitored for signs and the tration adverse reactions were monitored for signs and the tration adverse reactions were monitored for signs and the discontinued 9/14/21, and the tration adverse reactions were monitored for signs and discontinued 9/21/21, indicated Risperdal 1 mg by mouth two sections twice daily, and to notify the pheneeded to be monitored for signs and cked documentation adverse reactions 11/21, day shift 9/12/21, day shift 9/10/22/21, indicated the resident received for be more than the resident received adverse reactions twice daily and the resident receives the the the the the the the the theresident the the the the the the the the the th | hree times daily for anxiety. rone) and Depakote, to monitor ysician if any were noted. The TAR symptoms of adverse reactions to ored on day shift 8/3/21, day shift /21, day shift 8/21/21, day shift ift 8/30/21. berdal (an antipsychotic) 0.25 mg sperdal 0.5 mg by mouth twice ice daily for psychosis. uspirone) and Depakote, to monitor ysician if any were noted. The TAR symptoms of adverse reactions to were monitored on evening shift /21, day shift 9/17/21, day shift 25/21, day shift 9/27/21, and day ved Buspar (buspirone) and y, and to notify the physician if any ponitored for signs and symptoms of ation adverse reactions were hift 10/7/21, day shift 10/8/21, day struce daily, and to notify the needed to be monitored for signs sumentation adverse reactions |

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| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZI | P CODE | |
| Aperion Care Summerfield | | 34 South Main Street Cloverdale, IN 46120 | | |
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| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by fi | | CIENCIES full regulatory or LSC identifying informati | on) | |
| F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | A TAR, dated November 2021, indicated the resident received Buspar (buspirone), Zoloft, and monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any The TAR lacked documentation the resident needed to be monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored 11/3/21, day shift 11/6/21, day shift 11/9/21, day shift 11/13/21, day shift 11/14/21, day shift 11/14/21, day shift 11/14/21, day shift 11/12/21, day shift 11/22/21, day shift 11/24/21, day and evening shift shift 11/28/21, day shift 11/29/21, and day shift 11/30/21. A TAR, dated December 2021, indicated the resident received Buspar (buspirone), Zoloft, and monitor signs and symptoms of adverse reactions twice daily, and to notify the physician if any The TAR lacked documentation the resident needed to be monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions twice daily, and to notify the physician if any The TAR lacked documentation the resident needed to be monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored for signs and symptoms reactions to the Risperdal. The TAR lacked documentation adverse reactions were monitored for signs and symptoms reactions to the Risperdal. | | | |
| | assessment, dated 10/12/21, indica antipsychotic (primarily used to mar psychotic disorders), antianxiety, and Diagnoses on the resident's profile condition in which nerve cells in the recurrent, and psychotic disorder w A care plan, initiated 5/18/18, indica disease process and anxiety. Interv | ed on 12/8/21 at 9:40 a.m. A quarterly ated the resident had a severe cognitiv nage psychosis, principally in schizoph nd antidepressant medication during th included, but were not limited to, Hunt brain break down over time), anxiety ith hallucinations due to known physio ated the resident used psychotropic ma ventions included, but were not limited | e impairment and received arenia but also in a range of other are assessment period. ington's disease (an inherited disorder, major depressive disorde logical condition. edication related Huntington's | |
| | and anxiety disorder. Interventions A care plan, initiated 6/30/18, indica Interventions included, but were no | ated the resident used antianxiety med included, but were not limited to, moni ated the resident used antidepressant t limited to, monitor and document side | tor and document side effects. medication related to depression. e effects. | |
| | psychosis. A physician's order, dated 11/10/20 | rder, dated 5/27/20, indicated haloperidol (an antipsychotic) 10 milligrams (mg) twice daily for rder, dated 11/10/20, indicated clonazepam (an antianxiety) 2 mg by mouth three times daily | | |
| | for anxiety. A physician's order, dated 3/3/21 at mouth daily for anxiety and depress | /21 and discontinued 8/10/21, indicated Zoloft (an antidepressant) 200 mg by peression. | | |
| | A physician's order, dated 7/27/21, related to depression. | indicated mirtazapine (an antidepress | ant) 15 mg by mouth at bedtime | |
| | (continued on next page) | | | |
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| (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2021 |
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| NAME OF PROVIDER OR SUPPLIER Aperion Care Summerfield | | |
| plan to correct this deficiency, please con | tact the nursing home or the state survey | agency. |
| | | on) |
| A treatment administration record (Zoloft, haloperidol, Risperdal, and I daily, and to notify the physician if a be monitored for signs and sympton documentation the resident receiver reactions were monitored on day sl 7/23/21, day shift 7/27/21, day shift A physician's order, dated 8/10/21 a related to depression. A TAR, dated August 2021, indicate Depakote, to monitor signs and syr were noted. The TAR lacked docur adverse reactions to the mirtazapin Risperdal or Depakote. The TAR la 8/3/21, day shift 8/7/21, day shift 8/ 8/21/21, day shift 8/26/21, day shift 8/ 8/21/21, day shift 8/26/21, day shift A physician's order, dated 9/14/21 a related to depression. A tar, dated September 2021 indi and Depakote, to monitor signs and any were noted. The TAR lacked do symptoms of adverse reactions to t received Risperdal or Depakote. Th evening shift 9/3/21, day shift 9/7/2 day shift 9/21/21, day shift 9/7/2 day shift 9/28/21. A tar, dated 10/1/21 to day shift 1 | TAR), dated July 2021, indicated the re Depakote, to monitor signs and sympton any were noted. The TAR lacked docum ms of adverse reactions to the mirtazaji d Risperdal or Depakote. The TAR lac hift 7/12/21, day shift 7/15/21, day shift 7/28/21, day shift 7/15/21, and evenin and discontinued on 9/14/21, indicated ed the resident received clonazepam, 7 nptoms of adverse reactions twice dail nentation the resident needed to be more e. The physician's orders lacked docum cked documentation adverse reactions 8/21, day shift 8/12/21, day shift 8/13/2 8/27/21, day shift 8/12/21, day shift 8/13/2 8/27/21, day shift 8/12/21, indicated indicated Zoloft 100 mg by mouth daily cated the resident received clonazepa d symptoms of adverse reactions twice to be mirtazapine. The physician's orders to TAR lacked documentation adverse 1, day shift 9/11/21, day shift 9/12/21, day shift 9/11/21, day shift 9/12/21, day shift 9/23/21, day shift 9/12/21, day shift 9/23/21, day shift 9/24/21, day 0/22/21, indicated the resident received or signs and symptoms of adverse reactions for deverse to signs and symptoms of adverse reactions for deverse reactions the taxes of the resident received clonazepa | esident received clonazepam, ims of adverse reactions twice mentation the resident needed to oine. The physician's orders lacked ked documentation adverse 7/17/21, day shift 7/22/21, day shift g shift 7/31/21. Zoloft 100 mg by mouth daily Zoloft, haloperidol, Risperdal, and y, and to notify the physician if any onitored for signs and symptoms of mentation the resident received s were monitored on day shift 29/21, and day shift 8/30/21. Zoloft 50 mg by mouth daily y related to depression. m, Zoloft, haloperidol, Risperdal, daily, and to notify the physician if e monitored for signs and s lacked documentation the residen reactions were monitored on day shift 9/16/21, day shift 9/17/21, ay shift 9/16/21, day shift 9/17/21, d clonazepam, Zoloft, haloperidol, tions twice daily, and to notify the |
| | plan to correct this deficiency, please configuration SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by A treatment administration record (Zoloft, haloperidol, Risperdal, and I daily, and to notify the physician if a be monitored for signs and sympton documentation the resident receiver reactions were monitored on day sl 7/23/21, day shift 7/27/21, day shift A physician's order, dated 8/10/21 a related to depression. A TAR, dated August 2021, indicate Depakote, to monitor signs and sym were noted. The TAR lacked docur adverse reactions to the mirtazapin Risperdal or Depakote. The TAR la 8/3/21, day shift 8/7/21, day shift 8/ 8/21/21, day shift 8/26/21, day shift A physician's order, dated 9/14/21 a related to depression. A physician's order, dated 9/14/21 a related to depression. A physician's order, dated 9/29/21, A TAR, dated September 2021 indi and Depakote, to monitor signs and any were noted. The TAR lacked do symptoms of adverse reactions to t received Risperdal or Depakote. The evening shift 9/3/21, day shift 9/7/2 day shift 9/21/21, day shift 9/22/21, and day shift 9/28/21. | 34 South Main Street Cloverdale, IN 46120 plan to correct this deficiency, please contact the nursing home or the state survey SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informati A treatment administration record (TAR), dated July 2021, indicated the re Zoloft, haloperidol, Risperdal, and Depakote, to monitor signs and symptod daily, and to notify the physician if any were noted. The TAR lacked docur be monitored for signs and symptoms of adverse reactions to the mirtazal documentation the resident received Risperdal or Depakote. The TAR lack reactions were monitored on day shift 7/12/21, day shift 7/15/21, day shift 7/23/21, day shift 7/27/21, day shift 7/28/21, day shift 7/29/21, and even A physician's order, dated 8/10/21 and discontinued on 9/14/21, indicated related to depression. A TAR, dated August 2021, indicated the resident received clonazepam, Z Depakote, to monitor signs and symptoms of adverse reactions twice daily were noted. The TAR lacked documentation the resident needed to be mon adverse reactions to the mirtazapine. The physician's orders lacked docun Risperdal or Depakote. The TAR lacked documentation adverse reactions 8/3/21, day shift 8/7/21, day shift 8/27/21, day shift 8/12/21, day shift 8/13/2 8/21/21, day shift 8/26/21, day shift 8/27/21, day shift 8/28/21, day shift 8/ A physician's order, dated 9/14/21 and discontinued on 9/28/21, indicated related to depression. A physician's order, dated 9/29/21, indicated Zoloft 100 mg by mouth daily A TAR, dated September 2021 indicated the resident received clonazepam and Depakote, to monitor signs and symptoms of adverse reactions twice and Depakote, to monitor signs and symptoms of adverse reactions twice and Depakote, to monitor signs and symptoms of adverse reactions twice and Depakote, to monitor signs and symptoms of adverse reactions twice and Depakote, to monitor signs and symptoms of adverse reactions twice and Depakote, to monitor signs and s |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2021 |
| | 100007 | B. Wing | 12/10/2021 |
| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Aperion Care Summerfield | | 34 South Main Street Cloverdale, IN 46120 | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey | agency. |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by fit | | CIENCIES full regulatory or LSC identifying informati | on) |
| F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | haloperidol, and mirtazapine, to mo the physician if any were noted. Th and evening shift 10/23/21, day shi A TAR, dated November 2021, indi mirtazapine, to monitor signs and s any were noted. The TAR lacked do shift 11/6/21, day shift 11/9/21, day | 2/21 to 10/31/21, indicated the resident onitor signs and symptoms of adverse r e TAR lacked documentation adverse ft 10/24/21, day shift 10/27/21, day shift cated the resident received clonazepan ymptoms of adverse reactions twice da ocumentation adverse reactions were r shift 11/13/21, day shift 11/14/21, day 21, day shift 11/24/21, day and evening (30/21 | eactions twice daily, and to notify reactions were monitored on day ft 10/28/21, and day shift 10/29/21. m, Zoloft, haloperidol, and aily, and to notify the physician if monitored on day shift 11/3/21, day shift 11/17/21, day shift 11/18/21, |
| | A TAR, dated December 2021, indicated the resident received clonazepam, Zoloft, haloperidol, mirtazapine, to monitor signs and symptoms of adverse reactions twice daily, and to notify the p any were noted. The TAR lacked documentation adverse reactions were monitored on day shift shift 12/4/21, and day shift 12/5/21. During an interview, on 12/8/21 at 11:43 a.m., Licensed Practical Nurse (LPN) 6 indicated side e psychotropic medications were monitored based on what was ordered on the TAR. The nursing aware of what to monitor for based on the orders. The TAR should have been signed off each si document the monitoring. | | |
| | for side effects of psychotropic med | 10:51 a.m., LPN 4 indicated all residen dications. The orders should have beer was an order in place, it should have | n updated and accurate when |
| | indicated it was the policy currently assure each Resident receives the psychotropic medications in order t Policy Interpretation and Implemen as: Any antipsychotic, antianxiety, a treatment of mental illness or behavily will have an interdisciplinary plan or | inistrator provided a document titled, P being used by the facility. The policy in appropriate assessment and interventio o attain and/or maintain his/her highes tation: 1. For purposes of this policy a antidepressant, sedative or hypnotic m vioral manifestations .14. Each residen f care addressing medication, potential e attainment and/or maintenance of high | ndicated, .Policy Statement: 1. To ion regarding the use of t practicable level of function . psychotropic medication is defined edication prescribed for the t receiving psychotropic medication problems, attainable goals and |
| | 3.1-48(a)(3) | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2021 |
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| NAME OF PROVIDER OR SUPPLIER Aperion Care Summerfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 34 South Main Street Cloverdale, IN 46120 | |
| For information on the nursing home's | plan to correct this deficiency, please con | Lact the nursing home or the state survey | agency. |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by fu | | EIENCIES full regulatory or LSC identifying informati | on) |
| F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | in accordance with professional sta 34129 Based on observation, interview, ar food under sanitary conditions for 1 Finding includes: During a dining observation, on 12/ cookie with her bare hand from Res cookie. CNA 14 sat the remainder p her bare hand picked up a quartere assisted the resident to take severa bare hand while Resident 14 chewe of the sandwich was eaten by Resi On 12/9/21 at 3:26 p.m., the Admin bare hands while assisting the resid use a barrier such as the food wrap An undated facility policy, titled Din Administrator, on 12/9/21 at 4:15 p. themselves .Feed slowly and in sm | nd record review, the facility failed to en of 2 dining observations (Resident 11 6/21 at 11:57 a.m., Certified Nursing A sident 11's lunch plate and assisted the portion of the cookie onto the resident's ad portion of a hamburger sandwich fro al bites from the sandwich. CNA 14 hel ed and swallowed the previous bite of the dent 11. istrator indicated staff should not be to dent to eat. Staff should use silverware oper when they are assisting a resident ing Assistant Policy and Procedure, ide m., indicated, .Feeding instructions for all amount to prevent choking and asp ed resident with bare hands even if fing | nsure staff distributed and served). assistant (CNA) 14 picked up a e resident to take bites of the s lunch plate. Next, CNA 14 with m Resident 11's lunch plate and d the hamburger sandwich with her the sandwich, until the entire potion uching the resident's food with their of a spoon or fork, wear gloves, or to eat. entified as current by the residents who cannot feed iration .Allow the resident enough |